



U.S. Agency for
International
Development

Bureau for
Global Health

COUNTRY PROFILE

HIV/AIDS

CENTRAL ASIA

*(Kazakhstan, The Kyrgyz Republic,
Tajikistan, Turkmenistan, Uzbekistan)*

Despite Central Asia's relatively low HIV prevalence, the region's steep rise in new infections signals a worrisome trend toward a generalized epidemic. In Uzbekistan, for example, 620 new infections were registered in the first six months of 2002—almost as many as had been recorded in the previous decade. Currently, Central Asia's HIV/AIDS epidemic is characterized as concentrated, with overall prevalence at less than 1 percent in the general population, but greater than 5 percent in vulnerable populations.

Number of Reported HIV/AIDS Cases, Central Asia (January 2003)	
Kazakhstan:	3,300 cases
Uzbekistan:	1,760 cases
Kyrgyzstan:	367 cases
Tajikistan:	75 cases
Turkmenistan:	1 case

Source: National AIDS Centers

Note: Due to a lack of proper diagnostic systems and efficient surveillance networks, actual HIV/AIDS cases in Central Asia are estimated to be about 10 times higher than cases reported by National AIDS Centers.

According to surveillance data reported by the Centers for Disease Control and Prevention, approximately 90,000 people are estimated to be living with HIV/AIDS across the five nations of Central Asia. Based on projections for 2005, this number will skyrocket to 1.65 million without concerted efforts to carry out HIV/AIDS interventions.

The region's rapid increase in new infections is directly related to an increased number of injecting drug users. Approximately 90 percent of drugs consumed in Europe originate in Afghanistan and is supplied through well-established drug trafficking routes in Central Asia. Although the epidemic is concentrated among drug users along these routes, increases in reported sexually transmitted infections, commercial sex work, and migratory populations have contributed to the spread of HIV/AIDS into the general pop-

ulation and across national borders.

While HIV prevalence in Central Asia remains relatively low and the epidemic is concentrated among injecting drug users, there is potential for an uncontrolled and widespread HIV/AIDS epidemic. By January 2003, Kazakhstan had reported 3,300 cases of HIV infection, while Uzbekistan, The Kyrgyz



Map of Central Asia

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Republic, and Tajikistan have reported 1,760, 367, and 75 cases of HIV infection, respectively. However, the true figure is estimated as 10 times higher.

Sexually transmitted infections, such as syphilis and gonorrhea, increased 100-fold from 1991 to 2001, and a growing number of female injecting drug users are engaging in commercial sex work. Young people are particularly vulnerable to HIV infection; the majority of drug users and sex workers in the region are under age 30.

Unfortunately, implementation of effective HIV/AIDS awareness and prevention programs in Central Asia is hampered by a severe lack of government resources. International organizations provide a large share of funding for existing programs, but these programs have not been coordinated enough to ensure the best use of scarce resources. All five countries recognize the impending danger of a generalized epidemic, and have approved national programs on HIV/AIDS. National governments have taken positive steps to modify existing legislation to include HIV/AIDS detection and confidentiality provisions.

Despite growing emphasis on a coordinated regional response, it is clear HIV/AIDS initiatives in Central Asia must accommodate a cultural reluctance to confront AIDS. Historically, National AIDS Centers in the former Soviet Union focused on mandatory mass screening, which was based on traditional “identify and control the carrier” approaches. Those living with HIV/AIDS were afraid to seek treatment, fearing government retribution. Similar concerns are pervasive today.

USAID Strategy

USAID’s Strategy on HIV/AIDS Prevention in Central Asia, 2002–2004, aims to control the epidemic among vulnerable populations, such as drug users and sex workers, and to prevent injecting drug use among vulnerable youth. The strategy is designed for all five countries, but focuses on Kazakhstan, Tajikistan, and Uzbekistan. In 2002, USAID allocated \$3.35 million for HIV/AIDS activities in Central Asia. In 2003, the USAID plans to provide additional \$7.1 million to support HIV/AIDS prevention activities in Central Asia. Specific USAID interventions include:

- Mass media campaigns addressing drug prevention, especially among youth;
- Targeted educational programs, outreach, and peer education among vulnerable youth and at-risk groups;
- Organizational development and capacity building of nongovernmental organizations to identify, disseminate, and integrate best practices in HIV/AIDS prevention programming;
- Local capacity building through technical assistance and training workshops;
- Condom social marketing;
- HIV/AIDS surveillance and mapping, with identification of high heterosexual transmission areas; and
- Strengthening targeted components of harm-reduction programs, such as HIV testing and counseling, treatment of tuberculosis and other opportunistic infections, syndromic case management of sexually transmitted infections, and ancillary services.

Several regional trends have contributed to USAID’s early successes in fighting HIV/AIDS in Central Asia. First, USAID has established partnerships with several donors and implementing organizations to leverage their comparative advantages in certain areas of HIV/AIDS prevention, and maximize comprehensive regional HIV/AIDS prevention efforts in Central Asia. Several international donor organizations, such as the World Health Organization and UNAIDS, have also provided funding and technical assistance in using best practices in HIV/AIDS prevention.

Second, despite the widespread lack of resources and technical capacity, strategic planning of individual national responses to HIV/AIDS is ongoing in all five Central Asian countries, and political commitment to strategic priorities is growing. Third, although each Central Asian country’s HIV/AIDS epidemic is at a different stage, all five countries continue to share common risk factors, making successful interventions applicable to the entire region.

Another important area of USAID activity in the region is providing technical support to the government’s application process for the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The Global Fund has approved the applications from Kazakhstan and the Kyrgyz Republic, which will receive \$22.4 million and \$17 million, respectively, for HIV/AIDS programs. It is expected this will make a sustainable and significant contribution to the reduction of infection, illness, and death, thereby mitigating the impact caused by HIV/AIDS in Kazakhstan and the Kyrgyz Republic.

USAID-supported regional programs include the following:

Behavior change communication

Several strategies have been used to raise awareness and disseminate HIV/AIDS and sexually transmitted infection prevention messages, including establishment of a toll-free hotline to address confidential health questions. Additionally, a network of USAID-supported women's wellness centers has been instrumental in providing consumers with information, education, and access to quality services providing HIV/AIDS and sexually transmitted infection prevention.

Condom social marketing

In 2002, a USAID-supported condom social marketing program began operation in four Central Asian nations. The program seeks to increase informed use of condoms for HIV/AIDS prevention, and to increase access to affordable condoms, especially among youth, injecting drug users, and commercial sex workers. Peer education activities focus on educating sex workers and injecting drug users about condom use.

Infection control

USAID drafted and adopted new hospital-based infection control procedures to reduce the transmission of HIV/AIDS among health care workers and patients.

Injecting drug use and harm reduction

USAID has funded several harm-reduction study tours, permitting local HIV/AIDS professionals to travel within the Central Asian republics, as well as to Lithuania, to work with regional counterparts and learn about model HIV/AIDS interventions that target injecting drug users and commercial sex workers. Recently, USAID awarded 32 grants to local HIV/AIDS nongovernmental organizations for prevention activities with high-risk groups and prisoners. Each project offers basic medical care, free condoms, referrals to social workers, legal services, and access to sexually transmitted infection clinics and HIV testing sites. In prisons, access is provided to basic medical and psychological services, condoms, and health education.

Sexually transmitted infection diagnosis and management

USAID supports implementation of a syndromic management approach to improve diagnosis and treatment of sexually transmitted infections in Kazakhstan. A model site has served as a training ground for enhancing the skills of primary health care providers to educate patients and evaluate patient risk for HIV/AIDS and other sexually transmitted infections. The project's initial success led to expansion of the program in Tokmok City, Kyrgyzstan.

Surveillance and reporting

Since 2000, USAID has supported national government efforts to strengthen HIV surveillance and reporting. Specifically, activities implemented by the Centers for Disease Control and Prevention have improved existing health systems and trained experts to detect, monitor, and respond to the HIV/AIDS epidemic, according to epidemiological patterns facing different populations. USAID and the Centers for Disease Control and Prevention completed a large-scale study of 1,600 injecting drug users and sex workers in Karaganda and Temirtau, the first HIV outbreak region of Kazakhstan. The study assessed their behavioral risk factors, prevalence of HIV, hepatitis and sexually transmitted infections. Study results will aid the design of an HIV/AIDS prevention program among vulnerable populations.

In 2003, USAID has supported baseline surveys in three Central Asian countries to collect behavioral information in high HIV transmission locations. In Uzbekistan, Kyrgyzstan, and Tajikistan, USAID will support a study of HIV seroprevalence patterns among vulnerable populations.

For More Information

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USAID HIV/AIDS Web site, Central Asia:
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USAID Central Asia Infectious Disease Network;
http://www.usaid.gov/regions/europe_eurasia/car/hiv_aids/

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For more information, see www.usaid.gov/pop_health/aids/ or www.synergyaids.com.

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